



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9/11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4)

## Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

27

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ☒ No

2002 JAN 15 AM 11:34

### COMMITTEE INFORMATION

1. Full name of committee (as on Statement of Organization) ☐ Check if this is a new name

REDICK FOR MAYOR

2. Acronym or abbreviated name, if any

3. Committee telephone number

(317) 773-7525

4. Mailing address (address where all campaign finance correspondence is received) ☐ Check if this is a new address

P.O. BOX 1354

5. City, state, ZIP code

NOBLESVILLE, IN 46060

6. Party affiliation (if applicable)

REPUBLICAN

### CANDIDATE INFORMATION (For Candidate's Committees Only)

7. Full name of candidate (include any nickname)

DENNIS R. REDICK

8. Party affiliation or if independent

REPUBLICAN

9. Office sought (Include district number, if any. Not required for exploratory committee.)

MAYOR - CITY OF NOBLESVILLE

10. County of residence

HAMILTON

### TYPE OF REPORT

11. Check one:

- ☐ Pre-Primary ☐ Pre-Election ☒ Annual ☐ Final / Disbands Committee (lines 18, 19, and 20 must be "0")  
☐ Outgoing Treasurer (within 10 days amend Statement of Organization)

Check one:

- ☐ Pre-Convention  
☐ Post-Convention

12. Reporting period:

From: JANUARY 1, 2001 Through: DECEMBER 31, 2001

COLUMN A  
This Period

COLUMN B  
Year to Date

13. Cash on hand and investments at the beginning of this reporting period.

23,626.76

14. Cash on hand and investments January 1, current year.

### CONTRIBUTIONS AND RECEIPTS

(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)

15a. Itemized (use Schedule A)

15b. Unitemized

15c. Add lines 15a, and 15b in both columns

SUBTOTAL

16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B

TOTAL

28,025.00

915.00

28,940.00

52,566.76

### EXPENDITURES

(Note: These amounts include in-kind expenditures and loan repayments.)

17a. Itemized (use Schedule B) (Public Question: use Schedule C)

17b. Unitemized

17c. Add lines 17a and 17b in both columns

SUBTOTAL

18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL

19. Debts OWED BY the committee (use Schedule D)

20. Debts OWED TO the committee (use Schedule E)

20,284.98

50.00

20,334.98

32,231.78

### CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature on File

FOR OFFICE USE ONLY

**WARNING:** Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)



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## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)        | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT                                                                                                                                                                                                         | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED  |
|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|----------------|
|                                                                                                                  |                                                                                                                                                                                                                                                  |                                   |                                        | RECEIVED BY    |
| 1.<br>DOUGLAS HINSHAW<br>654 N. 12TH ST.<br>NOBLESVILLE, IN 46060<br><br>Contributor's Occupation (if required)  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>                | 125. <sup>00</sup>                     | 7-8-01<br>DAR  |
| 2.<br>WILLIS CONNER<br>4165 MILLERSVILLE RD.<br>INDOPLS., IN 46205<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 750. <sup>00</sup>                | 750. <sup>00</sup>                     | 7-18-01<br>DAR |
| 3.<br>MICHAEL KEEVEN<br>9940 SOUTHWIND DR.<br>INDOPLS., IN 46256<br><br>Contributor's Occupation (if required)   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 7-23-01<br>DAR |
| 4.<br>JOHN BRAND<br>129 ULEN BLVD.<br>LEBANON, IN 46052<br><br>Contributor's Occupation (if required)            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 7-24-01<br>DAR |
| 5.<br>DAVE RICHTER<br>4310 ROLLING SPRINGS DR.<br>CARMEL, IN 46033<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 7-25-01<br>DAR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                                |                                                                                                                                                                                                                                                  | \$ 2825. <sup>00</sup>            |                                        |                |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)         |                                                                                                                                                                                                                                                  | \$                                |                                        |                |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)       | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT                                                                                                                                                                                                         | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED  |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|----------------|
|                                                                                                                 |                                                                                                                                                                                                                                                  |                                   |                                        | RECEIVED BY    |
| 1. C. MURPHY WHITE<br>625 WASHINGTON ST.<br>NOBLESVILLE, IN 46060<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>                | 125. <sup>00</sup>                     | 7-25-01<br>DAR |
| 2. WALTER BEAVER<br>25 HAMPSHIRE CT.<br>NOBLESVILLE, IN 46060<br><br>Contributor's Occupation (if required)     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 8-1-01<br>DAR  |
| 3. CLARENCE ROBBINS<br>11201 KEMPSTON DR.<br>CHARLOTTE, NC 28262<br><br>Contributor's Occupation (if required)  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 8-2-01<br>DAR  |
| 4. ROGER WARD<br>7474 NOEL RD.<br>INDPLS., IN 46278<br><br>Contributor's Occupation (if required)               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 8-2-01<br>DAR  |
| 5. STEPHEN GODDARD<br>11119 PEPPER MILL LANE<br>FISHERS, IN 46038<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 8-3-01<br>DAR  |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                               |                                                                                                                                                                                                                                                  | \$1525. <sup>00</sup>             |                                        |                |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)        |                                                                                                                                                                                                                                                  | \$                                |                                        |                |

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OF A POLITICAL COMMITTEE**

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Indiana Election Commission (IC 3-9-5-14)

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**(CFA-4 SCHEDULE A-1)  
CONTRIBUTIONS BY INDIVIDUALS  
Itemized Contributions and Other  
Receipts**

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|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|---------------|
|                                                                                                                   |                                                                                                                                                                                                                                                  |                                   |                                        | RECEIVED BY   |
| 1.<br>JOHN SWETHEN<br>9430 CANOPY LANE<br>FISHERS, IN 46038<br><br>Contributor's Occupation (if required)         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>                | 125. <sup>00</sup>                     | 8-4-01<br>DRR |
| 2.<br>MARK BRANAMAN<br>5851 LAWTON LOOP E. DR.<br>INDPLS., IN 46216<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 8-5-01<br>DRR |
| 3.<br>DANIEL WOO<br>11036 BROOKVILLE RD.<br>INDPLS., IN 46239<br><br>Contributor's Occupation (if required)       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 8-6-01<br>DRR |
| 4.<br>WALTER CHARLES<br>8502 JIB CT.<br>INDPLS., IN 46236<br><br>Contributor's Occupation (if required)           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 8-6-01<br>DRR |
| 5.<br>ROLAND SALMAN<br>12471 DOE LANE<br>INDPLS., IN 46236<br><br>Contributor's Occupation (if required)          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 8-5-01<br>DRR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                                 |                                                                                                                                                                                                                                                  | \$2325.00                         |                                        |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)          |                                                                                                                                                                                                                                                  | \$                                |                                        |               |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

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|-------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|----------------|
|                                                                                                                   |                                                                                                                                                                                                                                                  |                                   |                                        | RECEIVED BY    |
| 1.<br>THOMAS HELBING<br>10629 COBB ISLAND CT.<br>INDOPLS., IN 46236<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 8-10-01<br>DAR |
| 2.<br>JOHN CULP<br>970 LOGAN ST.<br>NOBLESVILLE, IN 46060<br><br>Contributor's Occupation (if required)           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 8-13-01<br>DAR |
| 3.<br>SHANE LANGEMEIER<br>4545 MELBORNE RD.<br>INDOPLS., IN 46228<br><br>Contributor's Occupation (if required)   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 8-13-01<br>DAR |
| 4.<br>WILLIAM BECK<br>16575 SEMINOLE RD.<br>NOBLESVILLE, IN 46060<br><br>Contributor's Occupation (if required)   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 8-15-01<br>DAR |
| 5.<br>LARRY TENNISSEN<br>W 2401 CTH V<br>SHEBOYGAN FALLS, WI 53085<br><br>Contributor's Occupation (if required)  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>                | 650. <sup>00</sup>                     | 8-20-01<br>DAR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                                 |                                                                                                                                                                                                                                                  | \$ 2100.00                        |                                        |                |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)          |                                                                                                                                                                                                                                                  | \$                                |                                        |                |



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|-----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------------|
| 1.<br>MICHAEL HOWARD<br>694 LOGAN ST.<br>NOBLESVILLE, IN 46060<br>Contributor's Occupation (if required)                                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 8-21-01<br>DAR               |
| 2.<br>DON SILVEY<br>13672 SMOKEY RIDGE DR.<br>CARMEL, IN 46033<br>Contributor's Occupation (if required)                                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 8-21-01<br>DAR               |
| 3.<br>DONALD P. BENNETT<br>300 N. MERIDIAN ST.<br>INDPLS., IN 46204<br>Contributor's Occupation (if required)                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 8-21-01<br>DAR               |
| 4.<br>JOHN R. SCHAIBLEY<br>600 E 96TH ST<br>INDPLS., IN 46240<br>Contributor's Occupation (if required)                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 8-21-01<br>DAR               |
| 5.<br>LEWIS D. BECKWITH<br>300 N. MERIDIAN ST.<br>INDPLS., IN 46204<br>Contributor's Occupation (if required)                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 8-21-01<br>DAR               |
| SUB TOTAL THIS PAGE OF SCHEDULE A<br>TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                              | \$1300.00                         |                                        |                              |

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OF A POLITICAL COMMITTEE**

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| CONTRIBUTOR'S FULL NAME AND OCCUPATION<br>FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION<br>OR OTHER RECEIPT                                                                                                                                                                                                         | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE RECEIVED<br><br>RECEIVED BY |
|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|----------------------------------|
| 1.<br><br>JOHN GARVEY<br>8925 N. MERIDIAN<br>INDOPLS., IN 46260<br><br>Contributor's Occupation (if required)          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>                | 500. <sup>00</sup>                     | 8-22-01<br>DNR                   |
| 2.<br><br>ERIC SEAMANDS<br>10532 CHESTNUT HILL CIR.<br>FISHERS, IN 46038<br><br>Contributor's Occupation (if required) | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 8-27-01<br>DNR                   |
| 3.<br><br><br><br>Contributor's Occupation (if required)                                                               | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                   |                                        |                                  |
| 4.<br><br><br><br>Contributor's Occupation (if required)                                                               | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                   |                                        |                                  |
| 5.<br><br><br><br>Contributor's Occupation (if required)                                                               | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                   |                                        |                                  |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                                      |                                                                                                                                                                                                                                                  | \$ 750. <sup>00</sup>             |                                        |                                  |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet)               |                                                                                                                                                                                                                                                  | \$10,825. <sup>00</sup>           |                                        |                                  |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2)

## CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 8 of 27

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------|
| 1. KEYBANK<br>10 W. MARKET ST.<br>INDPLS., IN 46204                                                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>             | 250. <sup>00</sup>                  | 7-12-01<br>DPR               |
| 2. O.W. KROHN & ASSOC.<br>231 ROXBURY LN<br>NOBLESVILLE, IN 46060                                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 450. <sup>00</sup>             | 450. <sup>00</sup>                  | 7-17-01<br>DPR               |
| 3. T.P. DONOVAN INVESTMENTS<br>9229 DELEGATES ROW<br>SUITE 120<br>INDPLS., IN 46240                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 300. <sup>00</sup>             | 300. <sup>00</sup>                  | 7-24-01<br>DPR               |
| 4. MCKNEIGHT & QUANDT MGT.<br>155 E. MARKET ST. STE 200<br>INDPLS., IN 46204                             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 7-24-01<br>DPR               |
| 5. KITE DEVELOPMENT<br>6610 SHADELAND AVE.<br>SUITE 200<br>INDIANAPOLIS, IN 46220                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>             | 650. <sup>00</sup>                  | 7-24-01<br>DPR               |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 2150. <sup>00</sup>         |                                     |                              |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |                              |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-2)  
CONTRIBUTIONS BY CORPORATIONS  
Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 9 of 27CONTRIBUTOR'S FULL NAME AND FULL MAILING  
ADDRESS  
(street, number, city, state, ZIP code)TYPE OF CONTRIBUTION  
OR OTHER RECEIPTCOLUMN A  
AMOUNT THIS  
PERIODCOLUMN B  
CUMULATIVE  
YEAR-TO-DATEDATE RECEIVED  
RECEIVED BY

|                                                                                                          |                                                                                                                                                                                                                                                  |                        |                    |                |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|----------------|
| 1.<br>MICHAEL A. REUTER CONSULTING<br>12916 WATER RIDGE DR.<br>McCordsville, IN 46055                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>     | 250. <sup>00</sup> | 7-25-01<br>DRR |
| 2.<br>WAGGONER, IRWIN + SCHEELE<br>118 S. FRANKLIN<br>MUNCIE, IN 47305                                   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>     | 500. <sup>00</sup> | 7-27-01<br>DRR |
| 3.<br>RDT CUSTOM HOMES, INC.<br>P.O. Box 792<br>CARMEL, IN 46082                                         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>     | 150. <sup>00</sup> | 7-30-01<br>DRR |
| 4.<br>MID-STATES ENG., LLC<br>350 E. NEW YORK ST. STE. 300<br>INDOPLS., IN 46204                         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>     | 650. <sup>00</sup> | 7-30-01<br>DRR |
| 5.<br>ENVOY, INC.<br>6330 E. 75TH ST. STE 204<br>INDOPLS., IN 46250                                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>     | 650. <sup>00</sup> | 7-31-01<br>DRR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 2200. <sup>00</sup> |                    |                |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                     |                    |                |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 10 of 27

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|----------------|
|                                                                                                          |                                                                                                                                                                                                                                                  |                                |                                     | RECEIVED BY    |
| 1. BROWN EQUIP. CO., INC.<br>P.O. BOX 9799<br>FORT WAYNE, IN 46899                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>             | 650. <sup>00</sup>                  | 7-31-01<br>DAR |
| 2. PLATINUM PROPERTIES, LLC<br>9551 DELEGATES ROW<br>INDPLS., IN 46240                                   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 7-31-01<br>DAR |
| 3. DEPCO, INC.<br>P.O. BOX 1058<br>NOBLESVILLE, IN 46061                                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 7-31-01<br>DAR |
| 4. THE NYHART CO., INC.<br>P.O. BOX 80883<br>INDPLS., IN 46280                                           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>             | 125. <sup>00</sup>                  | 8-1-01<br>DAR  |
| 5. EDSAM CONST., INC.<br>P.O. BOX 80155<br>1030 E. 86TH ST.<br>INDPLS., IN 46280                         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 200. <sup>00</sup>             | 200. <sup>00</sup>                  | 8-1-01<br>DAR  |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$1625.00                      |                                     |                |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |                |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2)

## CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 11 of 21

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------------|
|                                                                                                          |                                                                                                                                                                                                                                                  |                                |                                     | RECEIVED BY   |
| 1. SAMUEL L. MOORE + ASSOC.<br>7102 LAKEVIEW PKWY W. DR.<br>INDOPLS., IN 46268                           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-1-01<br>DHR |
| 2. GRW ENGINEERS, INC.<br>801 CORPORATE DR.<br>LEXINGTON, KY 40503                                       | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 400. <sup>00</sup>             | 400. <sup>00</sup>                  | 8-1-01<br>DHR |
| 3. DEEDS EQUIP. CO., INC.<br>P.O. BOX 26036<br>LAWRENCE, IN 46226                                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 300. <sup>00</sup>             | 300. <sup>00</sup>                  | 8-2-01<br>DHR |
| 4. RONDEBUSH DEVELOPMENT Co., LLC<br>11911 LAKESIDE DR.<br>FISHERS, IN 46038                             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 8-2-01<br>DHR |
| 5. PARAGON DEVELOPMENT, INC.<br>8383 CRAIG ST.<br>INDOPLS., IN 46250                                     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>             | 250. <sup>00</sup>                  | 8-2-01<br>DHR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$1600. <sup>00</sup>          |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |               |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

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Indiana Election Commission (IC 3-9-5-14)

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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

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| FILE NUMBER    |              |
|----------------|--------------|
|                |              |
| Page <u>12</u> | of <u>27</u> |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------------|
|                                                                                                          |                                                                                                                                                                                                                                                  |                                |                                     | RECEIVED BY   |
| 1. PARAGON PROPERTY MGT., LLC<br>8383 CRAIG ST.<br>INDOPLS., IN 46250                                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>             | 250. <sup>00</sup>                  | 8-2-01<br>DAR |
| 2. FLUID WASTE SERVICES<br>P.O. BOX 264<br>FISHERS, IN 46038                                             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-3-01<br>DAR |
| 3. TAYLORED SYSTEMS<br>15309 STONY CREEK WAY<br>NOBLESVILLE, IN 46060                                    | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 8-3-01<br>DAR |
| 4. SCHUCH & SULLIVAN<br>4168 MILBERSVILLE RD.<br>INDOPLS., IN 46205                                      | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-3-01<br>DAR |
| 5. FLOYD E. BURROUGHS & ASSOC.<br>5160 E. 65TH ST.<br>INDOPLS., IN 46220                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>             | 650. <sup>00</sup>                  | 8-6-01<br>DAR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 2050. <sup>00</sup>         |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |               |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

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FILE NUMBER

Page 13 of 27

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------------|
|                                                                                                          |                                                                                                                                                                                                                                                  |                                |                                     | RECEIVED BY   |
| 1. BARNES & THORNBURG<br>11 S. MERIDIAN ST.<br>INDPLS., IN 46204                                         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-7-01<br>DAR |
| 2. WALKER, LANE & ASSOC.<br>41 FIRST ST. S.E.<br>CARMEL, IN 46032                                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 900. <sup>00</sup>             | 900. <sup>00</sup>                  | 8-9-01<br>DAR |
| 3. THE RYAN CO.<br>15227 HERRIMAN BLVD.<br>NORLESVILLE, IN 46060                                         | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>             | 125. <sup>00</sup>                  | 8-9-01<br>DAR |
| 4. INDIANA-AMERICAN WATER CO., INC.<br>P.O. Box 570<br>GREENWOOD, IN 46142                               | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>             | 125. <sup>00</sup>                  | 8-9-01<br>DAR |
| 5. A + F ENGINEERING CO., LLC<br>8425 KEYSTONE CROSSING<br>INDPLS., IN 46240                             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-9-01<br>DAR |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 2150.00                     |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |               |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------|
| 1. PAUL I. CRIFE, INC.<br>7122 GRAHAM RD.<br>INDOPLS. IN 46250                                           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 8-10-01<br>DNR               |
| 2. THE MA-RI-AL CORP.<br>NOBLESVILLE, IN 46060                                                           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 1,000. <sup>00</sup>           | 1,000. <sup>00</sup>                | 8-13-01<br>DNR               |
| 3. INTEGRATOR.COM<br>8001 E. 196TH ST.<br>NOBLESVILLE, IN 46060                                          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 8-13-01<br>DNR               |
| 4. WASTE MANAGEMENT<br>P.O. BOX 3027<br>HOUSTON, TX 77253                                                | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 400. <sup>00</sup>             | 400. <sup>00</sup>                  | 8-14-01<br>DNR               |
| 5. SIECO, INC.<br>P.O. BOX 407<br>COLUMBUS, IN 47202                                                     | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>             | 250. <sup>00</sup>                  | 8-14-01<br>DNR               |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$1950.00                      |                                     |                              |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |                              |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 15 of 27

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------|
| 1. COMMUNITY BANK<br>P.O. BOX 1990<br>NOBLESVILLE, IN 46060                                              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 525. <sup>00</sup>             | 525. <sup>00</sup>                  | 8-15-01<br>DRK               |
| 2. SWEEP IT CLEAN, INC.<br>P.O. BOX 1371<br>NOBLESVILLE, IN 46061                                        | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>             | 125. <sup>00</sup>                  | 8-15-01<br>DRK               |
| 3. INDIANA CHAPTER - ACPA<br>3500 DEPAUW BLVD.<br>INDIANAPOLIS, IN 46268                                 | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-15-01<br>DRK               |
| 4. DITSLER ELMER GROUP<br>P.O. BOX 159<br>NOBLESVILLE, IN 46061                                          | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 250. <sup>00</sup>             | 250. <sup>00</sup>                  | 8-20-01<br>DRK               |
| 5. DAN BURTON FOR CONGRESS Comm.<br>P.O. BOX 50593<br>INDPLS., IN 46250                                  | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 125. <sup>00</sup>             | 125. <sup>00</sup>                  | 8-20-01<br>DRK               |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 1525. <sup>00</sup>         |                                     |                              |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$                             |                                     |                              |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE.** Please type or print legibly in BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------|
| 1.<br>RAPP ENTERPRISES<br>10337 E. 52 <sup>ND</sup> ST.<br>INDOPLS, IN 46236                             | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 8-21-01<br>DPR               |
| 2.<br>INDEX CORP.<br>829 BRIDGEPORT AVE.<br>SHELTON, CT 06484                                            | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 650. <sup>00</sup>             | 650. <sup>00</sup>                  | 8-22-01<br>DPR               |
| 3.<br>BUILDER'S CONCRETE & Supply Co.<br>9170 E. 131 <sup>ST</sup> ST.<br>FISHERS, IN 46038              | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-22-01<br>DPR               |
| 4.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                |                                     |                              |
| 5.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                |                                     |                              |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 1300. <sup>00</sup>         |                                     |                              |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$ 16,550. <sup>00</sup>       |                                     |                              |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-3)  
CONTRIBUTIONS BY  
LABOR ORGANIZATIONS****Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE.** Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

Page 17 of 27

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                 | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------------|
|                                                                                                          |                                                                                                                                                                                                                                       |                                |                                     | RECEIVED BY   |
| 1.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 2.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 3.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 4.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 5.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                       | \$                             |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                       | \$                             |                                     |               |



**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-4)****CONTRIBUTIONS BY****POLITICAL ACTION COMMITTEES****Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

**FILE NUMBER**Page 18 of 27

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                            | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED<br>RECEIVED BY |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|------------------------------|
| 1.<br><br>FIFTH THIRD BANCORP. PAC<br>38 FOUNTAIN SQUARE PLAZA<br>CINCINNATI, OH 45202                   | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 500. <sup>00</sup>             | 500. <sup>00</sup>                  | 8-17-01<br>DAR               |
| 2.<br><br>HOME PAC<br>P.O. BOX 44670<br>INDIANAPOLIS, IN 46244                                           | Contributions:<br><input checked="" type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) | 150. <sup>00</sup>             | 150. <sup>00</sup>                  | 8-9-01<br>DAR                |
| 3.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                |                                     |                              |
| 4.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                |                                     |                              |
| 5.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify)            |                                |                                     |                              |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                                  | \$ 650. <sup>00</sup>          |                                     |                              |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                                  | \$ 650. <sup>00</sup>          |                                     |                              |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE A-5)  
CONTRIBUTIONS BY  
OTHER ORGANIZATIONS****Itemized Contributions and Other Receipts**

**INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE.** Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS<br>(street, number, city, state, ZIP code)              | TYPE OF CONTRIBUTION OR OTHER RECEIPT                                                                                                                                                                                                 | COLUMN A<br>AMOUNT THIS PERIOD | COLUMN B<br>CUMULATIVE YEAR-TO-DATE | DATE RECEIVED |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|---------------|
|                                                                                                          |                                                                                                                                                                                                                                       |                                |                                     | RECEIVED BY   |
| 1.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 2.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 3.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 4.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| 5.                                                                                                       | Contributions:<br><input type="checkbox"/> Direct<br><input type="checkbox"/> In-Kind (describe)<br><br>Other Receipts:<br><input type="checkbox"/> Interest <input type="checkbox"/> Loan<br><input type="checkbox"/> Misc (specify) |                                |                                     |               |
| SUB TOTAL THIS PAGE OF SCHEDULE A                                                                        |                                                                                                                                                                                                                                       | \$                             |                                     |               |
| TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY<br>(Enter total on ITEM 15a of the Summary Sheet) |                                                                                                                                                                                                                                       | \$                             |                                     |               |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 20 of 27

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee)**. All cumulative expenses, including in-kind, **regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.**

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>HAGUE RD. STORAGE<br>NOBLESVILLE, IN<br>46060                                              |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>STORAGE UNIT RENT | 300. <sup>00</sup>                | 300. <sup>00</sup>                     | 1-3-01                 |
| Code _____<br>IDEA ART                                                                                   |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POST CARDS        | 131. <sup>20</sup>                | 131. <sup>20</sup>                     | 2-27-01                |
| Code _____<br>POST OFFICE<br>NOBLESVILLE, IN<br>46060                                                    |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POSTAGE           | 60. <sup>00</sup>                 | 60. <sup>00</sup>                      | 3-8-01                 |
| Code _____<br>CAVE & CO.<br>WESTFIELD, IN                                                                |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>PRINTING          | 71. <sup>00</sup>                 | 71. <sup>00</sup>                      | 3-10-01                |
| Code _____<br>POST OFFICE<br>NOBLESVILLE, IN<br>46060                                                    |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POSTAGE           | 34. <sup>00</sup>                 | 94. <sup>00</sup>                      | 3-15-01                |
| Code _____<br>POST OFFICE<br>NOBLESVILLE, IN<br>46060                                                    |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POSTAGE           | 125. <sup>00</sup>                | 219. <sup>00</sup>                     | 5-1-01                 |
| Code _____<br>HAGUE RD. STORAGE<br>NOBLESVILLE, IN<br>46060                                              |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>STORAGE UNIT RENT | 500. <sup>00</sup>                | 800. <sup>00</sup>                     | 6-2-01                 |
| SUB TOTAL THIS PAGE OF SCHEDULE B                                                                        |                                                         |                                                                                                                                                                                                                                                    | \$1,221.20                        |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                                                    | \$                                |                                        |                        |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)  
Indiana Election Commission (IC 3-9-5-14)  
Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                          | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>TOURNAMENT PROMOTIONS<br>INDPLS., IN                                                       |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>RHN GOLF TOURN.<br>CONTESTS | 750. <sup>00</sup>                | 750. <sup>00</sup>                     | 6-9-01                 |
| Code _____<br>AMERICA'S HOMECOMING<br>QUEEN<br>NOBLESVILLE, IN 46060                                     |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DONATION                    | 100. <sup>00</sup>                | 100. <sup>00</sup>                     | 6-18-01                |
| Code _____<br>STAPLES<br>NOBLESVILLE, IN 46060                                                           |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>SUPPLIES                    | 25. <sup>99</sup>                 | 25. <sup>99</sup>                      | 6-27-01                |
| Code _____<br>POST OFFICE<br>NOBLESVILLE, IN 46060                                                       |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POSTAGE                     | 190. <sup>00</sup>                | 409. <sup>00</sup>                     | 7-12-01                |
| Code _____<br>A2Z<br>NOBLESVILLE, IN 46060                                                               |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>SUPPLIES FOR<br>GOLF TOURN. | 856. <sup>78</sup>                | 856. <sup>78</sup>                     | 8-14-01                |
| Code _____<br>WAL-MART<br>NOBLESVILLE, IN 46060                                                          |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF PRIZES                 | 486. <sup>05</sup>                | 486. <sup>05</sup>                     | 8-14-01                |
| Code _____<br>PAR-4<br>CICERO, IN                                                                        |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>CATERING                    | 1,200. <sup>00</sup>              | 1,200. <sup>00</sup>                   | 8-17-01                |
| SUB TOTAL THIS PAGE OF SCHEDULE B                                                                        |                                                         |                                                                                                                                                                                                                                                              | \$3,608.82                        |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                                                              | \$                                |                                        |                        |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

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| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                      | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>SAM'S CLUB<br>FISHERS, IN                                                                  |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF OUTING<br>SUPPLIES | 474. <sup>22</sup>                | 474. <sup>22</sup>                     | 8-20-01                |
| Code _____<br>HAM. CTY REP. PARTY<br>NOBLESVILLE, IN<br>46060                                            |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DONATION                | 150. <sup>00</sup>                | 150. <sup>00</sup>                     | 8-20-01                |
| Code _____<br>WAL-MART<br>NOBLESVILLE, IN<br>46060                                                       |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF PRIZES             | 335. <sup>62</sup>                | 821. <sup>62</sup>                     | 8-20-01                |
| Code _____<br>STAPLES<br>NOBLESVILLE, IN<br>46060                                                        |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>SUPPLIES                | 66. <sup>49</sup>                 | 92. <sup>48</sup>                      | 8-20-01                |
| Code _____<br>MARSH<br>NOBLESVILLE, IN<br>46060                                                          |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF LUNCH              | 1,070. <sup>50</sup>              | 1,070. <sup>50</sup>                   | 8-20-01                |
| Code _____<br>THE LEVEE<br>NOBLESVILLE, IN<br>46060                                                      |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF DINNER             | 2,106. <sup>59</sup>              | 2,106. <sup>59</sup>                   | 8-29-01                |
| Code _____<br>FOX PRAIRIE<br>GOLF COURSE<br>NOBLESVILLE, IN                                              |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF OUTING             | 8,341. <sup>92</sup>              | 8,341. <sup>92</sup>                   | 8-29-01                |
| SUB TOTAL THIS PAGE OF SCHEDULE B                                                                        |                                                         |                                                                                                                                                                                                                                                          | \$12,545.34                       |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                                                          | \$                                |                                        |                        |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 23 of 27

**INSTRUCTIONS:** Please type or print legibly in BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                   | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>POST OFFICE<br>NOBLESVILLE, IN<br>46060                                                    |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POSTAGE              | 68. <sup>00</sup>                 | 477. <sup>00</sup>                     | 8-29-01                |
| Code _____<br>NOBLESVILLE TROPHIES<br>NOBLESVILLE, IN<br>46060                                           |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF AWARDS          | 140. <sup>00</sup>                | 140. <sup>00</sup>                     | 9-10-01                |
| Code _____<br>REDIRECTIONS<br>CARMEL, IN                                                                 |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GOLF OUTING<br>SIGNS | 569. <sup>08</sup>                | 569. <sup>08</sup>                     | 9-10-01                |
| Code _____<br>POST OFFICE<br>NOBLESVILLE, IN<br>46060                                                    |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>POSTAGE              | 255. <sup>54</sup>                | 732. <sup>54</sup>                     | 10-3-01                |
| Code _____<br>HAM CTY REP. PARTY<br>NOBLESVILLE, IN<br>46060                                             |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DONATION             | 550. <sup>00</sup>                | 550. <sup>00</sup>                     | 10-5-01                |
| Code _____<br>KATHY RICHARDSON<br>NOBLESVILLE, IN<br>46060                                               |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DONATION             | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 10-18-01               |
| Code _____<br>CAVE & Co.<br>WESTFIELD, IN                                                                |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>PRINTING             | 195. <sup>00</sup>                | 266. <sup>00</sup>                     | 10-18-01               |
| SUB TOTAL THIS PAGE OF SCHEDULE B                                                                        |                                                         |                                                                                                                                                                                                                                                       | \$ 2,027.62                       |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                                                       | \$                                |                                        |                        |





# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE B) Itemized Expenditures

FILE NUMBER

Page 24 of 27

**INSTRUCTIONS:** Please type or print legibly in **BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on **ITEM 17a of the Summary Sheet**. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100 per recipient**, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, **regardless of amount** paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | RECIPIENT'S OCCUPATION<br>OFFICE SOUGHT (if applicable) | TYPE OF EXPENDITURE<br>and<br>PURPOSE (be specific)                                                                                                                                                                                                         | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|------------------------|
| Code _____<br>NOBLESVILLE MAYOR'S RALL<br>NOBLESVILLE, IN                                                |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>DONATION                   | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 10-31-01               |
| Code _____<br>AFRICAN ADVEN.<br>INDPLS., IN                                                              |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>CLEAN AQUARIUM<br>+ SET UP | 250. <sup>00</sup>                | 250. <sup>00</sup>                     | 11-14-01               |
| Code _____<br>1-2-ONE<br>NOBLESVILLE, IN<br>46060                                                        |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>GIVE AWAYS                 | 257. <sup>00</sup>                | 257. <sup>00</sup>                     | 12-11-01               |
| Code _____<br>FIFTY CLUB<br>NOBLESVILLE, IN<br>46060                                                     |                                                         | <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:<br>MEMBERSHIP<br>DUES         | 125. <sup>00</sup>                | 125. <sup>00</sup>                     | 12-11-01               |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                          |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                          |                                   |                                        |                        |
| Code _____                                                                                               |                                                         | <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind<br><input type="checkbox"/> Payment of Debt<br><input type="checkbox"/> Returned Contribution<br><input type="checkbox"/> Other _____<br>Purpose:                                          |                                   |                                        |                        |
| SUB TOTAL THIS PAGE OF SCHEDULE B                                                                        |                                                         |                                                                                                                                                                                                                                                             | \$ 882. <sup>00</sup>             |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                         |                                                                                                                                                                                                                                                             | \$ 20,284. <sup>98</sup>          |                                        |                        |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

## (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

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### PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: ☐ Statewide ☐ Local  
Position: ☐ Supported ☐ Opposed

| RECIPIENT'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | TYPE OF<br>EXPENDITURE                                                  | PURPOSE OF EXPENDITURE<br>(be specific) | COLUMN A<br>AMOUNT THIS<br>PERIOD | COLUMN B<br>CUMULATIVE<br>YEAR-TO-DATE | DATE OF<br>EXPENDITURE |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------|-----------------------------------|----------------------------------------|------------------------|
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
|                                                                                                          | <input type="checkbox"/> Direct<br><br><input type="checkbox"/> In-Kind |                                         |                                   |                                        |                        |
| SUB TOTAL THIS PAGE OF SCHEDULE C                                                                        |                                                                         |                                         | \$                                |                                        |                        |
| TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY<br>(Enter total on ITEM 17a of the Summary Sheet) |                                                                         |                                         | \$                                |                                        |                        |

**REPORT OF RECEIPTS AND EXPENDITURES  
OF A POLITICAL COMMITTEE**

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

**(CFA-4 SCHEDULE D)  
Debts Owed by This Committee**

FILE NUMBER

Page 26 of 27

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the **ENDORSER'S** column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| CREDITOR'S OR LENDER'S NAME<br>& MAILING ADDRESS<br>(street, number, city, state, ZIP code)             | ENDORSER'S OR VENDOR'S<br>NAME & MAILING ADDRESS (if any)<br>(street, number, city, state, ZIP code) | AMOUNT         | DATE DEBT<br>INCURRED | CUMULATIVE<br>PAID<br>YEAR-TO-DATE | OUTSTANDING<br>BALANCE THIS<br>PERIOD |  |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|----------------|-----------------------|------------------------------------|---------------------------------------|--|
|                                                                                                         |                                                                                                      | NATURE OF DEBT |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
| LENDERS OCCUPATION:                                                                                     |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
| LENDERS OCCUPATION:                                                                                     |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
| LENDERS OCCUPATION:                                                                                     |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
| LENDERS OCCUPATION:                                                                                     |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
| LENDERS OCCUPATION:                                                                                     |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
|                                                                                                         |                                                                                                      |                |                       |                                    |                                       |  |
| LENDERS OCCUPATION:                                                                                     |                                                                                                      |                |                       |                                    |                                       |  |
| SUB TOTAL THIS PAGE OF SCHEDULE D                                                                       |                                                                                                      |                |                       |                                    | \$                                    |  |
| TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY<br>(Enter total on ITEM 19 of the Summary Sheet) |                                                                                                      |                |                       |                                    | \$                                    |  |



# REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R9 / 11-99)

Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E)  
DEBTS OWED TO THIS COMMITTEE

**FILE NUMBER**

Page 27 of 27

**INSTRUCTIONS:** Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this schedule, see **instructions** on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| BORROWER'S NAME AND MAILING ADDRESS<br>(street, number, city, state, ZIP code)                          | CO-SIGNER'S NAME AND MAILING ADDRESS (if any)<br>(street, number, city state, ZIP code) | ORIGINAL AMOUNT | DATE DEBT INCURRED | CUMULATIVE PAID<br>YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------|--------------------|---------------------------------|---------------------------------|
|                                                                                                         |                                                                                         | NATURE OF DEBT  |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
|                                                                                                         |                                                                                         |                 |                    |                                 |                                 |
| SUB TOTAL THIS PAGE OF SCHEDULE E                                                                       |                                                                                         |                 |                    |                                 | \$                              |
| TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY<br>(Enter total on ITEM 20 of the Summary Sheet) |                                                                                         |                 |                    |                                 | \$                              |